How do patients with a different ethnic background in Thailand experience nurses treatment?
A qualitative study of Karen’s experiences of treatment

Mathilda Wallin
Abstract

This study was made in Northern Thailand among the Karen minority group during Feb-April 2011. The Karen people consist of two different kinds of Karen, the Paw and the Skaw. They live on the border between Burma and Thailand, but none of the countries want to take care of them. The aim of the study was to examine what experiences people in this minority group had from hospital care and to let them tell their stories with their own words. A qualitative method with an inductive approach and narrative interview methodology was used and the analysis followed the model described by Lundman and Häggren Granheim (2008). Six interviews with participants from three different villages, three women and three men, in the age span 29 to 78 years participated. The interviewees had different experiences of the nurses treatment and the result is divided into two content areas, “experienced good treatment at the hospital” and “experienced bad treatment at the hospital”. In the study it is shown that the interviewees experiences, bad or good, to a large extent depended on how well they could communicate with the nurses and retrieve information about their situation. The author thinks it is important to see what role the nurse-patient relationship plays in the care process, and that good care includes taking time with the patient. To ensure such treatment for everyone it is important that every patient is listened to and treated with respect and dignity, independent of their ethnic background.

Keywords: Minority Group, treatment, nurse-patient relationship, qualitative study and Thailand.
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INTRODUCTION

One of the UNs most fundamental goals is that everyone should have availability to good hospital care and a good treatment, independent of sex, language, sexual orientation, socioeconomic status or ethnicity. According to the United Nations General Assembly article 25:1 (2008) should health be a fundamental right for all people, regardless of religion or political views. This is a medical statement that clearly emphasizes that health inequalities are important to deal with, regardless of weather these arises from physical, psychological or social factors.

The author has through a voluntary organization been in contact with Thailand’s largest minority group already before she started her Bachelor degree at the University Collage of Borås. The people inspired her in many ways and she wanted to lift their situation in both Thailand and Sweden.

The aim of the Minor Field Study (MFS) scholarship from Sweden International Development Cooperation Agency (SIDA) is to encourage students to study development related questions in developing countries. This study is a qualitative study built upon interviews of persons living in Karen-villages, where their own experiences are expressed in their own words. This gave me as writer and hopefully you as a reader new perspectives about how care and treatment should be given to minority groups, in order for them to be respected and have a good and worthy experience of hospital care and treatment.

BACKGROUND

Thailand

Thailand is located in Southeast Asia and is about 513 115 km$^2$. The estimated population is 67.8 million. The majesty his king, Bumibhol Adulyadej, is a political important person (Swedish institute of international affairs, 2011). Most of the population is Thereavada or Hinayana Buddhists which is the state religion of Thailand and affects a big part of the society (Untied Nations Thailand, 2011).

Society

The last year particular focus has been directed towards education in Thailand, where the average education level in the younger population is graduation from the 8th grade. According to tradition in Thailand, a strong hierarchy remains, the king is the supreme and most sacred of all and everything. Hierarchy affects the whole society and every form of social interaction. For example: school, family, employment and health care (Swedish institute of international affairs, 2011).

Health care system

The government introduced public health care 2001-2006. That means that the only fee you have to pay is a public fee (only a few bath) to get a yellow card which gives you access to the public hospital and all treatment that you need. The government says that
the care should be the same, independent of where you seek hospital care. But as the middle class of Thais are growing, so are the private alternatives as well (Swedish institute of international affairs, 2011).

Language

Most of the inhabitants speak Thai, but there are regional differences in the dialect which depends on which region you live in. Northern, eastern and southern Thai are totally different from the other general Thai. So if you are from the northern part, you can speak both Thai and northern Thai. And if you are from a minority group you probably speak their tribe-language too (Untied Nations Thailand, 2011).

Minority group

An ethnic minority group is a group that since long has resided in the country (Nationalencyklopedin, 2011). Northern Thailand is a multicultural province with many different minority groups. The environment contains a lot of mountains where most of the ethnic groups lives. Their most important income comes from rice and the families are dependent on labor which leads to abridged school attendance. The minority groups in Thailand have been aware of their own traditions, meaning that they are not well integrated in the Thai modern society. In the article by Williams and Collins (2001) they show that there is a strong relationship between segregation and the concentration of poverty. And in Thailand the income distribution is skewed, poverty is widespread among the hill tribes and minority groups (Swedish institute of affairs, 2011).

Most of the minority population has a low income that hardly allows for anything else than what is necessary for survival (Renuka, personal communication, March 9, 2011). This means that they do not have the possibility to invest in the insurance most of the Thai people have. This is apparent in the fact that there exists a gap between those in the insurance system and those outside in the kind of health care they receive (Hu, 2010). In addition, the hospitals are not located in the less populated areas, and when seeking care patients often travel a long distance to get to the hospital. It costs a lot of money and it is a sacrifice for the whole family. Being away from work means that no income is generated, (Renuka, personal communication, March 9, 2011).

At the hospitals the doctors and nurses are busy and have many patients to take care of. And in the hospitals outside the city, in the smaller towns closer to the mountains, most of the doctors and nurses are doing their internship or are newly graduated who are looking for more interesting jobs in the bigger cities (Renuka, personal communication, March 9, 2011). This means that the staff at the hospitals are changing quite often. As the minority groups lives outside the society, they can also get affected in a way that the broad range of services that are necessary to support good health are fewer in quantity and lower in quality. And if they need to go to the better equipped hospitals in the larger cities they need to pay more (Williams and Collins, 2001).

In the study of Williams and Collins (2001) it is also shown that those who are living in smaller areas of the society do not report their health condition. They do to a larger extent wait at home than the indigenous people. Since the distance to the hospital is
very large for those groups that live in the mountains, they rather wait until there is a more important and serious problem before contacting the hospital. In addition it can sometimes be a stressful experience to seek care if you are from a minority group, and such earlier experience can affect your health condition as well (Williams, 1999).

Karen

The largest minority group living in the vicinity of Chiang Mai is the Karen people. A lot of them live in Burma as well, but both countries see them as a big problem and do not want to take care of them. The Karen tribe is originally from Tibet and walked through China and stayed in Burma until some hundred years ago when they started to cross the border to Thailand. Further, because of the circumstances in Burma at the moment, most of the Karens take the risk to flee across the border to Thailand to get to a refugee camp. Today there are about 102,000 registered refugees and some 9,000 asylum seekers in Thailand (United Nations High Commissioner for Refugees, 2010).

In the Karen minority group there are two groups, the Skaw-Karen and the Paw-Karen. They do not speak the same language but apart from that they are very much the same, and the culture and history is very similar. Most of the Karen people are animists, some are Buddhists and some are Christians. Many different Non Governmental Organizations (NGO’s) are working with the Karen people. The religion has a deep impact on the daily life and it profoundly affects how they approach values related to life and death (Sthryn, 2007).

At the hospitals in Thailand today the nurses and doctors speak Thai, and in Chiang Mai they speak northern Thai. This is a serious problem, because most of the older people who live in the mountains and the villages do not know any other language than that which is spoken in their village. Sometimes they cannot communicate with people in the same minority group because they are from a different village. In the past they did not marry to other minority groups, but since the modern society is coming closer to mountains it is not forbidden to marry Thai natives any longer (Renuka, personal communication, March 9, 2011).

Treatment

While at the hospital to get care there are a lot of different components that together forms the experience of the treatment, and what constitutes a good treatment is a highly individual question. The purpose of visiting the hospital is to analyze and treat the current health situation, but the experiences of the visit is very personal. Jahren-Kristoffersen (2005) says it is easier to attain health if we show each other respect and solidarity. So good care involves both good medical treatment as well as a good relationship between the patient and the nurse. As a patient you want to have your situation and suffering confirmed, and you want to be treated with dignity. You want to be listened to, respected, seen and cared for as a human being. The perspective of a patient can be understood through the following concepts: Lifeworld, suffering/well being, subjective experienced body, and caring relation (Dahlberg, Segesten, Nyström, Suserud & Fagerberg, 2003). All of these concepts helps to complete the experience of the health situation and is an instrument in the practice of nursery. Bondas (2003) is a proponent for the caritas motive as a fundamental motive in the caring science. The
Caritas motive stands for human love and mercy, the nurse has an inner driving wish and responsibility to care and minister.

The ethical code for nurses says that nurses should provide care, and that nursing should respect the human rights and cultural rights, as well as the right to life, choice, dignity and to be treated with respect. Nursing should not depend on age, colour, creed, culture, disability, illness, gender, sexual orientation, nationality, politics, race or social status. And nurses should also be sensitive to values, customs and beliefs of people and patients. They should work for guidelines that increase and support human rights and ethical standards. (ICN – International Counseling of Nursing, 2006).

**Earlier research**

Williams and Collins (2001) has made a research about how segregation affects the health situation for African Americans in the United States. They reveal many different factors that make the situation difficult and shows that the minority groups are in an unfavorable position compared to others in the healthcare system.

Jian Hu (2010) has written a study about the insurance and its major role in the process of seeking hospital care in Thailand. The study shows that there is a gap between those who are insured and those who are not, and the author suggests that encouraging the improvement of the insurance system would reduce the gap, especially for the ethnic minority groups.

At the center for ethical studies and development at the Faculty of social science, Chiang Mai University, Dr. Malee Sithikriengkrai said that it is very difficult to find any articles or other research on the subject that is done in Thailand. Such studies have only recently begun, and most of those that exists are published in Thai and focuses on the identity of the minority groups, multi-culturism in modern society, etc. However, her doctor thesis “Suffering, healing, and the contestation of power and knowledge: A case of lead contamination in Klity Lang village, Kanchanburi province” (2007) shows that exceptions exists. It examines the governments treatment of a Paw-Karen village that experienced a water poisoning disaster that affected the whole village. The minority groups experience of the event is investigated, and how the power and knowledge from authorities has meaning in their daily living now. Dr. Prasit Leepreecha, who works at the center for ethnic studies and development, has written the thesis “Citizens at the western border: The quest for Thai citizenship, process and problems” (2010). The results of this study shows how difficult it can be to get a citizenship in Thailand for people with a different ethnic background. But except from these two studies there are just a few more that are written in English, and most of the research papers at the center for ethnic studies and development are written in Thai.

**Villages included in the study**

Dong Dam is a Paw-Karen village in the Chiang Mai district that is located 140 km from Chiang Mai, with the closest hospital located in Hot, 20 km away. The people in the village can speak and understands Thai even though they rather use Paw-Karen and most of the villagers are Christians.
Sop Moei is a society located in the Mae Hong Son province that together with several other Karen villages such as Skaw and Paw is located in a valley between the mountains. Sop Moei is about 270 km away from Chiang Mai and only a few of the people that lives this area can speak clear Thai. At the hospital in Sop Moei there are two interpreters that understand and can speak Skaw Karen, Paw Karen, Thai and Northern Thai.

Dang Lang is a Paw-Karen village that is located 195 km from Chiang Mai, in the Lampang district. The hospital in Lampang city is about two hours from the village. The people in the village have no good understanding of Thai, and they are not comfortable with using Thai to communicate. Most of the inhabitants in the village are Christians.

One common denominator in these villages is that most of the young people not studies in schools that are located in the villages, they are located in the bigger cities. Because of this most of the people in the villages are elder or children. The amount of knowledge has grown the last year, but still they are not that well educated as the average Thai.

**FORMULATION OF THE ISSUE**

World Health Organization (WHO) declares that a major gap in the policy-making about health related human rights exists. Those who are treated inequitably in most of the countries are indigenous people, ethnic minorities, people in poor communities, those who are affected by HIV/AIDS, living with disabilities, migrants and adolescents. Further WHO also states that discrimination has an impact on health (WHO, 2006).

From these perspectives many questions related to how minority people experience the nurses presence and the health care experience as a whole arises. One of the most important components in the caring-relationship is comfort and confirmation as a patient, is that something they experience?

As a patient, it is extremely important to get noticed and confirmed during your stay. When care givers bring important information they are required to sit down, listen and understand where patients are in the care process. It is important that patients feel secure and comfortable. To develop a good health care relationship requires both time and commitment. Is this something that could affect the overall picture of the health care experience?

An essential part of feeling well treated at a hospital, or anywhere, is that the patients can be understood through their language. Are you a nurse in Thailand, you probably speak Thai and not the tribal language. Will the people from the minority groups be understood and listened to? Is this something that could affect the overall picture of the health care experience as well?

**AIM**

The aim of the study is to see how patients with different ethnic background in Thailand experience nurses treatment.
METHOD

Because the aim of this study is to investigate how Karen people experience nurses' treatment, a qualitative approach that lets them describe their experiences was used. It means that this study is an empirical study with an inductive approach. The interviews were made between February-April 2011, in the Northern part of Thailand close to Chiang Mai. The data were analyzed with a method called qualitative content analysis.

Selection of the participants

The inclusion criteria were decided before the study started, and the author consulted her previous contacts to ask them about appropriate villages to visit. Most such advises were sought through the staff at the Paw-Karen office in Chiang Mai. The inclusion criteria were that the participants were over 20 years old and had visited the hospital within the last year.

The participants consisted of three men and three women who were between 29 and 78 years old. Four of them were Christians and the two others were Buddhists. The participants had different reasons to seek hospital care, four of them were acutely ill and two of them had diseases that they had regularly problems with. The author visited three different villages in the Lampang, Sop Moei and Hot area, and stayed at each place for at least two days. The participants were randomly asked, and everyone she asked wanted to participate. All of the interviews were carried out in their homes during the day time. In one of the interviews the wife of the interviewee also participated by listening to the interview. At two of the other interviews some neighbors came and listened too.

Data collection

Because it is a big part of the aim, to understand experiences, the author chooses to use the interview, a narrative one, as instrument. A narrative interview means that the interviewee tells about their experiences in a free way and uses their own words and thoughts. According to Kvale (2009) can the interviewer directly ask for the story while using a narrative interview method, or the story can arise spontaneously or be encouraged by the interviewer. The author asks some additional questions whenever they want to know and understand the situation even more. To extract the interviewees' experiences the interviewer uses one opening question with an expectation that the interviewee will tell their story.

The opening question that was used through the interviews in this study was: “Can you please tell me about your experiences of hospital care?” The author listened to the stories and facilitated the interview through with the following questions; “Can you explain that feeling?”, “How was your feeling then? Every interview lasted about 25 to 40 minutes, and with permission from the interviewees the interviews was tape-recorded so that the author later could transcript and analyze them.
To use an interpreter

The author has very limited knowledge about the Thai language and no knowledge about the Karen language. No one of the interviewees had knowledge about English and only some of them had knowledge about the Thai language. To get everyone comfortable during the interview an interpreter with good knowledge about Thai, Northern Thai, Skaw-Karen, Paw-Karen and English was used.

Ethical considerations

Every interview started with a presentation of the author and a description of how and why the interview was done. Vetenskapsrådet (1990) has established a few principles that the researcher should follow in order to inform all the participants about what their participation means to them. Every participant should confirm their participation, their personal information should not be showed in public, and the collected information should only be used for the current investigation. To ensure that this information was presented to the participant, a letter was written (Appendix 1) that included all of the four principals. This letter was given to the interpreter before the interview, and she translated it for the participants who then had to give their permission before the interview started. To ensure the privacy of the participants the author only kept track of their gender and age, while names, addresses and pictures were omitted. The only ones that have read the transcribed interviews are the author and her supervisor, which the participants were informed about before the interview. The interviews are also coded with numbers so that if someone finds them on the computer, there is no chance they can find out who the interviewee is.

Qualitative content analyze

The qualitative approach focuses on the interpretation of the interviews. Analyzes can be either inductive or deductive. An inductive approach means that documents, interviews or stories are interpreted without any bias, while a deductive approach means that interpretations are done according to a pre-specified model. When writing about humans past experiences the inductive method is to prefer. To make the study as reliable as possible it is important to choose participants carefully. Trying to get a mix of men/women, different ages and mixes of other conditions are important to get a nuanced picture and describe variations (Lundman and Hällgren Granheim, 2008).

Concepts that are fundamental in qualitative content analyze are: analysis unit, domain, meaning unit, condensation, abstraction, code, category. It is important that the analysis unit is big enough to cover the wholeness, but still small enough that analysis is manageable. In this study each interview is an analysis unit (Lundman and Hällgren Granheim, 2008).

After having identified the analysis unit, the next step in the analyze process is to find the domains, which are the part of the analysis unit that are about a specific topic. When these are found they are read over and over again until their meaning unit is found. A meaning unit being a part of the domain, such as a sentence or a word that catches the essence of the domain. By condensing the domains into shorter sentences, it is easier to understand and see what is important. But when doing this it is important to keep every
significant part so that no information is lost. By doing the abstraction the author let the significant parts rise to a higher logical level (Lundman and Hällgren Granheim, 2008).

Further, a code is a title on every meaning unit that briefly describes the meaning units content, while a category contains several different codes that resembles each other. The category relates to the content on a description level and will answer the question “What?”. It is important that no data can fall under two different categories. At the same time it is important that all data falls under some suitable category, but if there is no suitable category, one should be created (Lundman and Hällgren Granheim, 2008).

Analyzing the interviews

The analyze model that was used was described by Lundman and Hällgren Granheim (2008) and is described above. The interviews were transcripted and listened to several times. The interviews were transcripted in English, after that the interviews were read over and over again, this to get a deeper understanding. After the reading the process of finding meaning units, codes, categories and subcategories started.

The aim of the study was read a lot of times so that the categories and the codes would answer upon the aim. The data were printed on papers and underlined with different categories and codes, so that the originally text always was there and it was easy to go back and confirm the analysis with the text. That might help the analyzing part to be as reliable as possible.

Kvale (2009) describes how the lack of understanding of a culture, where factors not understood by the interviewer may affect the outcome of the interview. At the same time cultural differences may as well make the analysis of the interviews difficult. The author has only limited experience of the culture which can affect the outcome of this analysis. Lundman and Hällgren Granheim (2008) view is that the aim of research is to find new knowledge. But there is not one truth, the analyze process and the result will depend on the interviewer and what pre-understanding and experience she/he has. They also say that to give the reader an accurate description of how the analysis has been done, it is important that the reader is able to assess the validity of interpretations, and therefore the author’s analysis is attached to this study (Appendix 2).
RESULT

The result is presented in two different parts, the same as the content areas. The content areas are: “Those who experienced good treatment at the hospital” and “those who experienced bad treatment at the hospital”. Some of the interviewee’s had experiences of both, which means they can be represented in both content areas. The categories and the subcategories that are found in this study are presented in figure 1. The whole result is presented in Appendix 2 and will be presented in the following text with quotes that are meant to strengthen the result.

<table>
<thead>
<tr>
<th>Content area</th>
<th>Category</th>
<th>Sub-category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experienced good treatment at the hospital</td>
<td>Confirmed as a patient and human</td>
<td>Safety, Solidarity, Got treatment, Got understood</td>
</tr>
<tr>
<td>Experienced bad treatment at the hospital</td>
<td>Do not confirm the patients medical needs</td>
<td>Not seen serious, Do not get treatment</td>
</tr>
<tr>
<td></td>
<td>Do not confirm the patient as a human</td>
<td>Afraid, Feeling disparaging, See the patient as an object, Communications problem, Worried, Disappointed, Not see the patient</td>
</tr>
</tbody>
</table>

Figure 1

Experienced good treatment at the hospital

Confirmed as a patient and a human

Some of the interviewees had good experience from visiting the hospital and the treatment that were given to them. They felt that the staff cared about their situation in a good and safe way. They felt well treated and seen as humans who were listened too when they asked questions, and they could communicate and express their feelings in a way they were comfortable with. Their thoughts and questions were respected and they felt that there was an atmosphere of dignity where they were seen as patients in both a medical and an individually way.
**Safety**

Of those who had an experience of being well treated at the hospital a feeling of safety was shown. A man with asthma told that he visits the hospital a lot in emergency cases and that the staff at the hospital know him and when he arrives he feels safe. They take over the situation and he can feel safe, even safer then home.

“I feel safe and I am not afraid of something, the doctors are taking care of me.” (Interview no. 2)

“…I feel safer then at home, because they came with the wheelchair and took me to the machine that helps me to breathe.” (Interview no. 2)

**Solidarity**

One woman lived in the mountains and had never been to Chiang Mai before. She did not know how the hospital works and were about to meet the doctor. A nurse from Sop Moei hospital followed her and made all the administrative tasks. The hospital and nurse in Sop Moei showed solidarity to the patient and made the whole impression of the visit a positive experience for the patient.

“When I arrived to Chiang Mai, I went with a nurse from Sop Moei hospital and the nurse like contact everything so that I only could meet the doctor.” (Interview no. 6)

**Got treatment**

One man expressed that he felt he got the right treatment when he arrived at the hospital and felt very sick. He explained that the nurse understood the situation and gave him the right treatment fast. It was very important for him and it gave him a good impression of the visit to the hospital.

“When I came here, I was sick and then the nurse look at me and saw that I need medicine very fast.” (Interview no. 5)

**Understood**

In one of the interviews the interviewee explains how important the language is when trying to communicate and express what he feels. It allows him to understand the information that is given to him and what will happen. This creates a comfortable feeling for him, which he put it in this way:

“The doctors speak Thai and the nurses in Skaw-Karen that makes me comfortable.” (Interview no. 5)
Experienced bad treatment at the hospital

Do not confirm the patients medical needs

In some interviews the participants expressed in different ways how their experience of different actions from the staffs made them feel that their medical needs were not satisfied. This group belongs under the category where the patients not felt that their medical needs were confirmed.

Not seen serious

The feeling of not being taken seriously when visiting the hospital was experienced by more than one interviewee. They expressed in different ways that they were told their disease was a lighter disease that could be treated with pills, and they did not receive any medical tests that maybe could have explained their disease.

“I was feeling very sick, but the doctor gave me shoot and said I just have a sore throat.” (Interview no. 4)

Some of the interviewees said that they took their own decision to go to some other hospitals to meet other nurses and doctors in order to see what their problem was. Even without the doctor’s permission.

“My daughter told me we are going to a bigger hospital even though the doctor has not signed the papers.” (Interview no. 4)

“I need to go to a better hospital, I know that something is very wrong with me.” (Interview no. 1)

Do not get treatment

One common feeling that was expressed by the interviewees was that they did not get treatment, or they got treatment, but the wrong one.

“I had itching problems in the lower abdomen, the doctor told me that it is stomach problems and gave me medicine for that.” (Interview no. 6)

The nurses at the hospital were not comfortable enough to take care of one of the interviewees who needed emergency treatment, so they asked the wife do it. Which mean the interviewee did not get the treatment that he should.

“When we were at the hospital they asked my wife to take care of me, because they didn’t know how to take care of my disease, but she knew.” (Interview no. 2)

This interviewee felt that they actually did not care at all about him. They gave him medicine but did not take care of him, and without knowing how the wife felt they gave her the role as a caregiver.
Another interviewee said that she did not get any help from the nurses with the daily life routines during the time she was admitted to the hospital.

“I still had the fever so I could not eat or drink and the nurses did not help me.” (Interview no. 4)

Do not confirm the patient as a human

The feelings that are under this content area are those most of the interviewees had experience of. Since each human has individual traits, these feelings were expressed in different ways. But they can be summarized as that the patients not felt that they were treated with respect and dignity, and that their value as human beings were decreased in different ways.

Afraid

A common feeling that was expressed by the interviewees was that they were afraid in different situations. They were afraid of what will happen next, and some of them could be afraid of the nurses. They did not get information about what would happen and they did not feel comforted in their suffering, at the same time as a lot of questions arose during the stay at the hospital.

“Scary, very scary I think I was really scared.”
“'I was so scared when he came.’”
(Interview no. 1)

One woman also said that she was afraid of going to the hospital because of all the rumors and stories that she had been told in the village. She also associated the hospital with death.

“I was very afraid of going to the hospital, because my father died there, and I have heard so much in the village about the hospital.” (Interview no. 3)

Feeling disparaging

The interviewees expressed the feelings of being disparaging. It was revealed in situations were the nurses and doctors talk about the patients and to the patients. The interviewees experienced situations where they and their relatives were questioned.

“Then they said to me: Shut up, you are not the only one here, there are many people here that are worse then you.” (Interview no. 3)

“The nurse said: Oh, such an ugly hand. What on earth can be so ugly? What kind of person are you?” (Interview no. 4)
With these words in mind, the interviewees told me that it is hard to ask for help, and that it is difficult to imagine that the staff actually cares about you when you are at the hospital. One of them decided to never go to a hospital again because of this situation.

**See the patient as an object**

The interviewees tells that it is a lot of internship doctors and nurses working at Chiang Mai’s hospitals, and in the countryside there are more newly graduated doctors and nurses, that all want to learn and practice what they already know, which can lead to bad experiences for the patients. As one of them said:

“They studied and learned about me, but were not talking to me.” (Interview no. 4)

This situation makes the patients feel that the nurses and doctors not care about them, but rather see them as objects that they can learn things from. They did not feel helped in their situation, and they did not get the treatment they deserved.

“They did not help me with anything they just come and learned something without helping me with anything.” (Interview no. 2)

**Communication problems**

The frustration in not being understood or be able to understand is shown in some of the interviews. The interviewees express that they really appreciate when the staff can speak their mother tongue as well as when they can understand what others say about them. The nurses and the staffs at the bigger hospitals in Chiang Mai shows no respect or understanding for the problem and puts the responsibility on the patients.

“But I could not understand what they said, and they could not understand me, because I cannot speak clear Thai. And the nurses get annoyed at me.” (Interview no. 3)

**Worried**

One patient describes how she during her stay at the hospital was diagnosed and then sent home with a treatment for her disease. But on the way home her body reacted very strangely on the medicine the doctor had given to her. Her body was out of control, the doctor was no longer in reach, and she began to worry if her doctor actually had the proper knowledge and if the treatment she got really would help her.

“And then I started to worry.” (Interview no. 1)

**Disappointed**

Some interviewees have been at the hospital many times, and are well known from the nurses and doctors. But for others it is the first visit, and for them disappointing experiences will last for a long time with negative impressions of the health care situation.
“Then I got disappointed.” (Interview no. 3)

The patient’s disappointment stems from the way patient is talked to or about, and how they not feel listened to. Not being seen or helped is what makes the interviewees disappointed.

**Not see the patient**

One interviewee felt that the staff actually did not care at all about him, and such treatment will have consequences in the end. He was given medicine and treatment, but they were not seeing to the problem at all.

“And then they told me, if you don’t get better of this medicine, go and die somewhere else.” (Interview no. 3)

To express the wish that the patient never will come back to the hospital again, will decrease the patients self-confident. The interviewees tell me that the feeling of not being seen affects them on a deeper plans than just the physical person, and that this will affect the healing process in a negative way.

**DISCUSSION**

**Method discussion**

When making a study and interviews in a totally different culture then the one you are used to, there might be some challenges you are not prepared of. It can be challenging, it can be difficult and it can be enriching. This discussion will describe these challenges, how the author has thought about them and motivate why she have chosen to do it the way she has.

**Participants and villages**

The participants were of different ages, one was 29 years, two were between 58-60 years, two were 65 years and one was 78 years old. This is only representative of the extremes and not of the middle span. The author would have liked to have a mid aged participant who was around 40 years old, but such a person that fulfilled the inclusion criteria was not found during the visits in the villages. The gender mix was as good as possible with three men and three women out of the total six participants. A positive thing that the author did not think about beforehand was that the participant consisted of a good mix of language knowledge. Some of them had good knowledge about the Thai language while some of them had not, the later only knew the Paw-Karen or Skaw-Karen language. The realization of this did actually not occur until the analyzes were made. Further, that two of the participants were Buddhists and four of them were Christians is not desirable. The biggest part of the Karen people are animists and around 30 % of them are Christians. The study reflects a different division and it might have some effects on the result.
It was no problem to find participants for the interviews. Since the author visited the villages for at least two days, most of the people there got to know her before the interview and some kind of relationship was built where trust and comfort was the goal. To get a better understanding and feeling about the Karen culture and their way of living, the author tried to participate in different daily activities, such as cooking food and washing clothes. This was appreciated by the participants and the author thinks it made them relaxed.

The villages where the participants lived were in totally different areas around Chiang Mai. The choice of the villages was made in order to see if there were different treatments at different hospitals. They were selected by looking at a map and by discussing the relationship they had to staffs at the Paw-Karen office in Chiang Mai and the interpreter. They told that the treatment could depend in where you lived, and also that differences in the care seeking process could depend on that some hospitals used interpreters, while others did not.

Making the interviews

Kvale (2009) says that the method is the path to reach the goal. A good way to understand personal experiences is through a dialogue with that person, because in this way you get to know their opinions and thoughts about their experiences.

The interviews were made in the participants’ homes during day time. The reason for this being the expectation that the interviewee’s could feel relaxed in an environment they already knew. One of the participants was really sick while the interview was done, but he still wanted to participate. During his interview his wife listened to the interview. Since the interviewee’s condition was not that good it felt natural to have her there and he spoke openly about his experiences anyway, so the author think that the interview not took any harm from the situation.

At some other interviews some neighbors passed by and started to listened, and in the beginning the author was concerned. Might it affect the interview or the attitude from the interviewee? The answers the author got still seemed to be open and honest, but since the interpreter understood the culture better than the author she asked her about it. The interpreter said that there is only a small risk that the story gets distorted and that in the village most of them talk about their hospital experiences with each other. Because they all depend on each other in their daily lives they are used to discuss a lot, and sometimes they even think it is easier to talk while they are in a group. At the beginning the author was pleased with this answer, and when she thought more about it she realized that it might have been even better to do the interviews in groups. But then again if the interviews were made in a group the interviewee’s may affect each other. Anyway, since this discussion arose during the fifth interview and the data that were collected showed individual experiences the author decided to let the sixth interview be an eye-to-eye interview too.

All the interviews were different since the interviewee’s experiences were different. They did not last for the same time, but each interviewee was able to tell their story in their own way. The interviews showed that the experiences were different depending on
what village and what hospital you visited, and after six interviews the necessary amount of data to cover the study had been collected.

A narrative method was used during the interviews. Some of the interviews worked out really well and the interviewees told their story and explained their experiences just in line with the aim of the study. The interviewer just had to ask a few questions in order to get a better understanding about their feelings and the situations. In other interviews the situation was more difficult. The interviewees told about their experiences in very short terms and the interviewer had to ask much more questions to get an understanding of their experiences. Because of this it is hard to decide if it would have been a better to use another method. Anyway, these experiences have made it clear what Kvale (2009) means with that the interviewee’s personality will affect the result of the interview.

Kvale (2009) says that the most important instrument in the interview is the interviewer. He knows about the subject, he knows how to communicate and has a good feeling for how to use the language. This does however not prevent interviewers who has never done an interview before to do so. The method is a collection of different rules that can be followed, and the more interviews that are done, the better you will get. Practice makes difference.

When asking the clarifying questions during the interview the author tried her best not to affect the interviewee’s stories. It should however be acknowledged that complete absence of influence from the interviewer is impossible to achieve, and that the interviewer and the interviewees are creating the stories together (Kvale, 2009). Being aware of this influence is however a key to constructing interview questions and deciding when to intervene in the interview in a way that minimizes the interviewers influence on the interview.

Since a qualitative approach was used, it is neither desirable nor possible for the researchers to place themselves outside the interview, which is easier if a quantitative approach is chosen. Lundman and Häggren Granheim (2008) says that the interviewer became a creator of the interview.

The interpreter and translation

“A cultural arena includes those who have similar understandings, expectations, and values; such people usually have had common experiences or a shared history. A cultural arena is not defined by a single belief or rule, or by a handful of phrases unique to the group, but by a whole set of understandings that is widely shared within a group or subgroup.” (Kapborg and Bergö, 2002, p. 52)

With this quote in mind the interpreter was chosen so that she understood the culture where we were supposed to do the interviews. She was Karen, grown up in a village, studied in the big city of Chiang Mai, and now lived in a society close to the mountains where a lot of Karen people lived. She had knowledge about both the Skaw and Paw Karen language, as well as English, and we communicated with each other in English while she translated into Karen. Some of the interviewees knew her since before and
they had met her some years ago. The author thinks this was good and that it contributed to a more relaxed atmosphere during the interview. The author explained the basic goals of the study for the interpreter before the study began, but intentionally did not tell her everything about the study. Things that were explained were for example the importance of interpreting everything that was said during the interview so that no data were lost in translation. The reason for avoiding to tell more details about the study was to try to avoid making the interpreter biased toward speaking to the interviewee in a certain way or asking certain questions that could lead her to unintentionally affect the result of the study.

Because the interpreter plays such an important role in the communication, she/he can have a very large influence on the result of the interview. The interpreter can for example choose to translate summaries of the conversation and fail to translate important details. To avoid this, the author explained and made the interpreter aware of this issue, and asked her to carefully translate every sentence (Kapborg and Bergö, 2002). It may also be a chance that she is biased since she had the same background as the interviewees and it may affect the outcome of the result.

Analyzing the data

During the analysis of the interviews the author followed the model given by Lundman and Hällgren Granheim (2008). By reading the interviews and processing the data over and over again the interviewees experiences got clear and clearer, and with each reread a new perspective arose. But the fact that only one person has made the analysis without the ability to discuss the deeper meaning with more people might affect the result and make it skewed toward the authors point of view. Another factor to take into account is that the author has no earlier experience of making such interviews, which might affect the result too. But according to Lundman and Hällgren Granheim (2008) the model can be used anyway.

The aim of this study is to examine what experiences the interviewees have of nurses. But sometimes the whole situation at the hospital is lifted in the interview, which includes the doctors, administrative staff, as well as other staff. So when the author analyzed the data it was important for her to filter out the specific parts which addressed what role the nurses had in the situation, and to not mix that with the doctors role. In the quotes that are used, it is clearly shown that it is about the doctor and not the nurse, because of the differences in the profession. But even though this study focuses on the patient-nurse interaction, the author would like to point out that she thinks that the patient-doctor interaction is very important too.

Research discussion

On the databases that are linked to from the University Collage of Borås webpage it is difficult to find relevant articles about the research about ethnicities in Thailand, or even Asia. Most of them were about Asians in America or Africans in America. This is an area that deserves more investigation because there is a lot of people that are treated under these kind of circumstances, or even worse. More investigations would show the important role this kind of circumstances play in health care, and would help people to
get treated with respect and dignity. The authors opinion is that the results in this study also can be used in other countries where other ethnics minority groups lives.

**Ethical considerations**

To ensure that the interviewees where properly informed about their rights it was very important for the author to tell the interpreter that she had to inform them about this before the interview started. But because there were six interviews, there was a risk that this part of the interview got so worn out that the interpreter took for given that she had informed the interviewees properly even though she had not. To avoid this there was always dual control that the interviewee had understood their rights, all for the interviewees best.

**Result discussion**

Many of the results from this study probably applies to other cultures as well. The author’s opinion is that it is quite likely that it is generally applicable to cultures that contains ethnic minority groups. Maybe not in detail, but at least for getting insight into what types of problems people from minority groups can experience during their visit at hospitals. A proper understanding of such issues can be very important when trying to assure that everyone will have the same possibility to receive treatment that is healthy for both psyche and body.

The author found it very interesting that patients in different areas had experienced different treatment. At first it seemed like whether you lived in a place or another was what determined if your experiences were good or bad. But a second reading revealed a more details that made the issue more complex, and it became clear that most participants had both good and bad experiences. One of the problems that reoccurred most often throughout the interviews was the language barrier. Most of those who new Thai or Northern Thai were understood and treated well, and this is a result which maybe could have been a conclusion of the study if it had been larger. However, it is not possible to make such a generalization here according to Kvale (2009), because not enough data were collected.

Surmond, Uiters, de Bruijne, Stronks & Essink-Bot (2010) says that it is a risk for the patient’s security when another language then their mother tongue is used. Further they say it is wrong to let family members be interpreters, because mistakes easily happens when they not have the proper medical knowledge. Letting family members interpret can also create a conflict in their relation, and such a conflict is not desirable since the family rather should be a support. In the study most of the interviewee’s that had communication problems used their children or relatives as interpreters, and is something that could have been a result of the study if the data set had been larger. Another point that stands out is that when the patient could communicate with the nurses and doctors, they also got the right treatment and most of their needs were satisfied. Further, at the hospitals that provided their patients with interpreters the experiences were better compared to other hospitals.
Surrmond, et al (2010) also lifts the aspect that health can be seen different in different cultures. The Karen people have lived in Thailand for a very long time but have preserved their culture well, which can contribute to misunderstandings. Sithikriengkrai (2007) says for example that the Thai people sometimes do not understand the Karen and their culture and that misunderstandings therefore arises.

The author thinks it is very interesting to see what such a small thing as an interpreter can do in order to enhance the patients experience of the visit at the hospital. Some NGO’s are working in the area of Sop Moei and has provided some education for the staff at the hospital there. It is very pleasant to see that this work seems to have a positive effect. It also shows that it is important to provide more such education so more hospital staff can understand the minority groups and their needs.

“A prerequisite for a genuine meeting is that the people involved could absorb and understand each other’s cultures. To do this you must look beyond the prejudices that are linked to the apparent image which behaviors, symptoms or roles conveys. Each meeting leaves traces in the other’s inner world.”

(Wiklund, 2003 p. 59, the authors translation)

This quote highlights the importance of trying to understand and respect other peoples cultures and thoughts. From a nurse perspective proper understanding of this is important for getting to know the patient. It is always possible to improve this skill, and by actively engaging in doing so the nurse will become better at taking care of people and understanding their needs. But if this skill is not acquired, then culture differences can be a wall that stands between the patient and the nurse and affects their relationship. An article from McCrea, Atkinson, Bloom, Merkh, Najera, & Smith (2003) about healing relationships clearly shows that to create a positive relationship the most important instrument is to listen to the patients story and requests. By doing so a relationship of trust and comfort will be built that makes the patient feel safe.

Since nursing is a work with humans, relationships should be built. McCrea, et al (2003) says that since we are humans we are looking and craving for connection and connection is found in the relationship. This is also clearly shown in one of the interviews in this study. Since one of the patients had really big problems and the nurses and doctors did not listen to her, she went to another hospital and asked for other doctors. She tried four or five doctors before she finally felt someone listened to her, and when they listened she got the right treatment and got better within a few days. The relationship is in this case an instrument that can be used by both nurses and doctors, as well as the patient. All people that are involved in the situation will benefit from a good relationship. On the other hand the study shows that if the relationship is bad the patients will not get the help they need. A healthy nurse-patient relationship can be such a beautiful help for all involved and help the healing process for the patient. At the same time it can make the nurses and doctors feel that they have done a great job too.

The author thinks that the kind of relationship that is experienced by many of the Karen people and seems to be a problem might have to do with the strong hierarchic culture that is present in all aspects of Thailand's everyday life. Since the minority groups are in
the lower social rank it might affect the nurses and doctors in such a way that they use their knowledge and status as a power. Since this is a very strong cultural theme that has existed for a very long time it can be really hard to make change happen over one night. Atkinson speaks about the unequal relationship between the doctor and the patient, as well as the nurse and the patient, and further says that the patient is the victim of the treatment process, referenced to in Sitthikriengkrai (2007). Francis Bacon once said that knowledge is power. And in the spirit of this quote the author’s opinion is that to increase the patients power in the relationship the staff should explain what will happen, and what has happened. But then again the culture that remains in Thailand might affect why the staff will not tell this, at the same time as the language barrier can makes it difficult to convey such information.

To be seen is one of the patients most fundamental needs when seeking care, and if this need not is satisfied the visit at the hospital can be a stressful experience, as William (1999) says in his study. To put additional stress on an already sick person does not contribute to conditions that are suitable for getting better, rather it contributes to increased suffering. The author thinks is important to see the patients subjective experience of the body as a resource. In the study it is shown that they look in that perspective in different ways, it is depending on what kind of person you are as a nurse. So there is a responsibility for each nurse to listen and treat a patient with dignity.

The lower income among the people in the minority groups might be one big factor that contributes to worse treatment and less pleasant experience of their hospital stays. In the study by Hu (2010) she encourage the practice of letting the minority groups take part in the insurance system to reduce the gap. It is there shown, and also in the interviews in this study, that when people pay for private hospital care they get better treatment. The yellow card that exists is just a false security for the ethnic minority groups.

One of the interviewees said that the rumors in the village affected her decision to go to the hospital. The author thinks that the culture of talking about and sharing experiences here can be a problem. In a village everyone takes care of and helps each other, which is necessary to make the village survive (Sitthikriengkrai, 2007). The comfort and trust that arises because of this can have the result that if someone in the village have had an unpleasant experience of their hospital stay, subsequent visits by other inhabitants can be delayed because of the discouraging stories they hear from trusted community members.

The study seems to paint a gloomy picture, but the author wants to lift the first content area “Confirmed as a patient and human”. When the patient-nurse relationship is good and the communication between them works, the process seems to lead to good treatment. With small instruments and commitment from the nurses the caring process can enhance the health situation for the patient. By showing mercy and empathy the patient will feel loveable, something that is important for the self-confidence. By using interpreters that allows the patients to express themselves in their own language they will feel comfortable and safe. Something that will make their experience of the visit to the hospital to a more pleasant one. In this way they can be seen as individuals, be listened to, respected, and treated with the dignity that everyone deserves.
ACKNOWLEDGEMENT

This has been an unforgettable experience that will enrich my life in many ways. Since there are a lot of different ethnicities that lives in Sweden, the experiences and results will apply to my daily work as a nurse there too. I would like to thank all the participants that shared their experiences with me. Special thanks to the interpreter and the staff at the Paw-Karen office in Chiang Mai. I would also like to thank Dr. Malee Sithikriengkrai and Dr. Prasit Leepreecha at the Chiang Mai University, center for ethnic studies and development that provided me with their knowledge and literature. Without Kristofer Björnson this thesis had not been possible to write in English, thank you. Great thanks to Anders Jonsson, the supervisor, for all your advises before and during the process of writing this thesis. And last but not the least a great thanks to SIDA, who gave me the MFS scholarship and this opportunity. Thanks to all of you who helped me make this Bachelor thesis possible.
REFERENCES


Appendix 1

My name is Mathilda Wallin I am a nursing student from the faculty of health science at the University Collage of Borås in Sweden. I will graduate in the beginning of June and to take the exam I have to write an essay. I will write about experiences of hospital care among the Karen people.

I have got a scholarship from Minor Field Studies, financed by SIDA, to makes this study possible.

I would feel appreciated if you would like to be a part of this study. In my essay I am only going to use the answers and you will be totally anonymous. I will not use your name, or anything else that people can connect with you. The only person that might read this is Anders Jonsson, my supervisor at the University Collage. You can all through the interview stop and tell that you do not want to be a part of it anymore. To get this study as reliable as possible I also need your truly experience.

Mathilda Wallin
## Appendix 2

### Content area: Experienced good treatment at the hospital

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Consideration</th>
<th>Code</th>
<th>Sub-category</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every time I go to the hospital the doctor and nurse treat me quite well.</td>
<td>The doctors and nurses treat me quite well.</td>
<td>Good feeling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safe and I am not afraid of something, the doctors are taking care of me.</td>
<td>Feeling safe and not afraid, they are taking care of him.</td>
<td></td>
<td></td>
<td>Safety</td>
</tr>
<tr>
<td>I feel safer then at home, because they came with the wheelchair and took me to the machine that helps me to breathe.</td>
<td>Feel safer then at home.</td>
<td>Feeling safe</td>
<td></td>
<td>Confirmed as a patient and human</td>
</tr>
<tr>
<td>When I arrived to Chiang Mai, I went with a nurse from Sop Moei hospital and the nurse like contact everything so that I only could meet the doctor.</td>
<td>A nurse went with her so that she could meet the doctor.</td>
<td>Not alone, someone helps her.</td>
<td>Solidarity</td>
<td></td>
</tr>
<tr>
<td>When I came here, I was sick and then the nurse look at me and saw that I need medicine very fast.</td>
<td>The nurse saw that I need medicine fast.</td>
<td>Got the right treatment fast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The doctors speak Thai and the nurses in Skaw-Karen. That makes me comfortable.</td>
<td>Staff speaks Thai and Skaw-Karen.</td>
<td>Understood</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Content area: Experienced bad treatment at the hospital

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Consideration</th>
<th>Code</th>
<th>Sub-category</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>I need to go to a better hospital, I know that something is very</td>
<td>I need better hospital, something is wrong with me.</td>
<td>Need better hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was feeling very sick, but the doctor gave me shoot and said I just have a soar throat.</td>
<td>Feeling very sick, and the doctor do not do any medical test.</td>
<td>Feeling sick, no medical needs</td>
<td>Not seen serious</td>
<td></td>
</tr>
<tr>
<td>And it was first when I paid money I’ve got the treatment.</td>
<td>I paid money to get the treatment and survey I should.</td>
<td>Making decisions on their own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My daughter told me we are going to a bigger hospital even though the doctor has not signed the papers.</td>
<td>Going to another hospital by daughters’ initiative.</td>
<td>Going to another hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not going home, because I am feeling so sick.</td>
<td>Not going home, because I am sick.</td>
<td>Not get seen as a sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I had itching problems in the lower abdomen, the doctor told me that it is stomach problems and gave me medicine for that.</td>
<td>Itching problems in the lower abdomen, medical treatment for stomach problems.</td>
<td>Do not get the treatment she needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When we were at the hospital they asked my wife to take care of me, because they didn’t know how to take care of my disease, but she knew.</td>
<td>Nurses are not willing to learn and do not have the knowledge.</td>
<td>Staff with no knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am not going home, because I am feeling so sick.</td>
<td>Not going home, because I am sick.</td>
<td>Not get seen as a sick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I still had the fever so I could not eat or drink and the nurses did</td>
<td>Feeling sick and the nurses do not help.</td>
<td>Nurses do not help</td>
<td>Do not get treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not confirm the patients medical needs</td>
<td></td>
<td></td>
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<tr>
<td>Feeling</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Afraid</td>
<td>I do not dare to go home, because I have tried once.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling scared</td>
<td>I was so scared when he came.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling scared</td>
<td>I feel very scared, very bad.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling scared</td>
<td>Scary, very scary I think I was really scared.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Feeling afraid</td>
<td>So I am afraid.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling disparaging</td>
<td>Then they said to me: Shut up, you are not the only one here, there are many people here that are worse then you.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling disparaging</td>
<td>The nurse said: Oh, such an ugly hand. What on earth can be so ugly? What kind of person are you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not see the patients’ feelings</td>
<td>They pushed my stomach so hard, and everywhere, I cried, it was so painful.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not see the patient as a whole person</td>
<td>They studied and learned about me, but were not talking to me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not see the patient as an opportunity to learn</td>
<td>They did not help me with anything they just come and learned something without helping me with anything.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not get understood</td>
<td>Because I cannot speak clear Thai my children have to translate.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Help me</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not help me.</td>
<td>I do not dare to go home.</td>
</tr>
<tr>
<td>Feeling scared</td>
<td>I was scared of him.</td>
</tr>
<tr>
<td>Feeling scared</td>
<td>I was scared.</td>
</tr>
<tr>
<td>Feeling scared</td>
<td>I was really scared.</td>
</tr>
<tr>
<td>Feeling afraid</td>
<td>I am afraid.</td>
</tr>
<tr>
<td>Feeling disparaging</td>
<td>Nurse said: shut up. So many are worse then you.</td>
</tr>
<tr>
<td>Feeling disparaging</td>
<td>Nurse said: Oh, such an ugly hand. What kind of person are you?</td>
</tr>
<tr>
<td>Do not see the patients’ feelings</td>
<td>They pushed the stomach hard, patient start to cry.</td>
</tr>
<tr>
<td>Do not see the patient as a whole person</td>
<td>Studied the patient without talking her.</td>
</tr>
<tr>
<td>See the patient as an opportunity to learn</td>
<td>Not talking to the patient only learning.</td>
</tr>
<tr>
<td>Not get understood</td>
<td>Cannot speak by Thai.</td>
</tr>
<tr>
<td>Event</td>
<td>Feeling</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>I could not understand what they said, and they could not understand me, because I cannot speak clear Thai.</td>
<td>Not get understood, Communications problems</td>
</tr>
<tr>
<td>And I was so disappointed.</td>
<td>I was disappointed.</td>
</tr>
<tr>
<td>Then I got disappointed.</td>
<td>I got disappointed.</td>
</tr>
<tr>
<td>And then I started to worry.</td>
<td>Start to worry</td>
</tr>
<tr>
<td>Oh, she is just too stressed.</td>
<td>Just too stressed</td>
</tr>
<tr>
<td>And then they told me, if you don’t get better of this medicine, go and die somewhere else.</td>
<td>If they cannot help me I should go and die somewhere else.</td>
</tr>
<tr>
<td>They just said to me that I have a cold.</td>
<td>Just said I have a cold.</td>
</tr>
<tr>
<td>And then they told me, if you don’t get better of this medicine, go and die somewhere else.</td>
<td>If they cannot help me I should go and die somewhere else.</td>
</tr>
<tr>
<td>I would have been better to not come to the hospital I prefer to die in the village.</td>
<td>Prefer to die in the village.</td>
</tr>
</tbody>
</table>

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